



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |
| Manhattan H S   | Gallatin | 0348         |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Nell Baar

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 13

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|                                       |                          |      |
|---------------------------------------|--------------------------|------|
| Elementary School District            | Chair, Board of Trustees | Date |
| High School District<br>Manhattan H S | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



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Office of Public Instruction  
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|---|---------------------------|-----------------------------|
| Elementary District Responsible for Reimbursing the Contract<br><b>Manhattan Elem</b> | County<br><b>Gallatin</b> | Legal Entity<br><b>0347</b> |
| High School or K-12 District Responsible for Reimbursing the Contract                 | County                    | Legal Entity                |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

**Amy Velkamp**

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

**Kindergarten child rides with other school-age students also covered by this contract:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

**Kindergarten child rides without other school-age students:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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REIMBURSEMENT RATE  
(For district, county and OPI use only)

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20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>Manhattan Elem | Chair, Board of Trustees | Date |
| High School District                         | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



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Office of Public Instruction  
PO Box 202501  
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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Manhattan Elem  | Gallatin | 0347         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Erin & Bill Monnett

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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REIMBURSEMENT RATE  
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|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>Manhattan Elem | Chair, Board of Trustees | Date |
| High School District                         | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Manhattan Elem  | Gallatin | 0347         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Joey Vasarella

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 2.5 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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REIMBURSEMENT RATE  
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|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>Manhattan Elem | Chair, Board of Trustees | Date |
| High School District                         | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



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Contract #

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|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Manhattan Elem  | Gallatin | 0347         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Nina Biggs

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **20** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **2** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>Manhattan Elem | Chair, Board of Trustees | Date |
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I attest that the above information is true and correct.

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| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



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|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |
| Bozeman H S   | Gallatin | 0351         |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Glenn Bailes

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 3.5

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

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To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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|                                     |                          |      |
|-------------------------------------|--------------------------|------|
| Elementary School District          | Chair, Board of Trustees | Date |
| High School District<br>Bozeman H S | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |
| Bozeman H S   | Gallatin | 0351         |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Pamela Cantwell

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 11

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|                                     |                          |      |
|-------------------------------------|--------------------------|------|
| Elementary School District          | Chair, Board of Trustees | Date |
| High School District<br>Bozeman H S | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |
| Bozeman H S   | Gallatin | 0351         |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Patricia Kossler

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 14.3

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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|                                     |                          |      |
|-------------------------------------|--------------------------|------|
| Elementary School District          | Chair, Board of Trustees | Date |
| High School District<br>Bozeman H S | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Bozeman Elem  | Gallatin | 0350         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Jeffrey Jorgenson

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 6 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>Bozeman Elem | Chair, Board of Trustees | Date |
| High School District                       | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Bozeman Elem  | Gallatin | 0350         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Jill C Jorgensen

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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REIMBURSEMENT RATE  
(For district, county and OPI use only)

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20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>Bozeman Elem | Chair, Board of Trustees | Date |
| High School District                       | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Bozeman Elem  | Gallatin | 0350         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Jill C. Jorgensen

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 6 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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REIMBURSEMENT RATE  
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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

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|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>Bozeman Elem | Chair, Board of Trustees | Date |
| High School District                       | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Bozeman Elem  | Gallatin | 0350         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Zuzana Gedeon

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5.7** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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REIMBURSEMENT RATE  
(For district, county and OPI use only)

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>Bozeman Elem | Chair, Board of Trustees | Date |
| High School District                       | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Three Forks Elem  | Gallatin | 0360         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Melanie P. Irwin

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **18.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>Three Forks Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Three Forks Elem  | Gallatin | 0360         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Misty Baumer

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **20** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

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20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>Three Forks Elem | Chair, Board of Trustees | Date |
| High School District                           | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Pass Creek Elem   | Gallatin | 0362         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Dave Lambrecht

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5.4** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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REIMBURSEMENT RATE  
(For district, county and OPI use only)

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|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Pass Creek Elem | Chair, Board of Trustees | Date |
| High School District                          | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Pass Creek Elem   | Gallatin | 0362         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Dawn Long

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.6** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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REIMBURSEMENT RATE  
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|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Pass Creek Elem | Chair, Board of Trustees | Date |
| High School District                          | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
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# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Pass Creek Elem   | Gallatin | 0362         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Robert D. Miller

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Pass Creek Elem | Chair, Board of Trustees | Date |
| High School District                          | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



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Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Pass Creek Elem   | Gallatin | 0362         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

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|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Sarah Mitchell

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.3** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

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|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Pass Creek Elem | Chair, Board of Trustees | Date |
| High School District                          | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Pass Creek Elem   | Gallatin | 0362         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Tam Hedges-Morgan

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.8** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Pass Creek Elem | Chair, Board of Trustees | Date |
| High School District                          | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Pass Creek Elem   | Gallatin | 0362         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Yvonne Siemer

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5.7** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Pass Creek Elem | Chair, Board of Trustees | Date |
| High School District                          | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Gallatin Gateway Elem   | Gallatin | 0364         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Diann Calvin

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 11 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Gallatin Gateway Elem | Chair, Board of Trustees | Date |
| High School District                                | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Gallatin Gateway Elem   | Gallatin | 0364         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Sheila Forsythe

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **13.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Gallatin Gateway Elem | Chair, Board of Trustees | Date |
| High School District                                | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Gallatin Gateway Elem   | Gallatin | 0364         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Tricia Ryder

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.4** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

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20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Gallatin Gateway Elem | Chair, Board of Trustees | Date |
| High School District                                | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| LaMotte Elem  | Gallatin | 0367         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Alisha Wittwer

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **6.9** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>LaMotte Elem | Chair, Board of Trustees | Date |
| High School District                       | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| LaMotte Elem  | Gallatin | 0367         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Andy & Don Bockhahn

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 5.5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>LaMotte Elem | Chair, Board of Trustees | Date |
| High School District                       | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| LaMotte Elem  | Gallatin | 0367         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Arin Megenity

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **8.4** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>LaMotte Elem | Chair, Board of Trustees | Date |
| High School District                       | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| LaMotte Elem  | Gallatin | 0367         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Carolyn K. Johnson

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **8.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

**Kindergarten child rides with other school-age students also covered by this contract:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

**Kindergarten child rides without other school-age students:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>LaMotte Elem | Chair, Board of Trustees | Date |
| High School District                       | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| LaMotte Elem  | Gallatin | 0367         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Jane Chamberlain

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **7.3** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

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20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>LaMotte Elem | Chair, Board of Trustees | Date |
| High School District                       | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| LaMotte Elem  | Gallatin | 0367         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

John & Louise Stevens

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 11 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

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REIMBURSEMENT RATE  
(For district, county and OPI use only)

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20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>LaMotte Elem | Chair, Board of Trustees | Date |
| High School District                       | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

|   |                           |                             |
|---|---------------------------|-----------------------------|
| Elementary District Responsible for Reimbursing the Contract<br><b>LaMotte Elem</b> | County<br><b>Gallatin</b> | Legal Entity<br><b>0367</b> |
| High School or K-12 District Responsible for Reimbursing the Contract               | County                    | Legal Entity                |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

**Jon & Cheryl Niichel**

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **9** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

**Kindergarten child rides with other school-age students also covered by this contract:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

**Kindergarten child rides without other school-age students:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>LaMotte Elem | Chair, Board of Trustees | Date |
| High School District                       | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| LaMotte Elem  | Gallatin | 0367         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Kim Goodwin

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **10.4** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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REIMBURSEMENT RATE  
(For district, county and OPI use only)

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20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>LaMotte Elem | Chair, Board of Trustees | Date |
| High School District                       | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| LaMotte Elem  | Gallatin | 0367         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Marilee Cornforth

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **11.9** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>LaMotte Elem | Chair, Board of Trustees | Date |
| High School District                       | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| LaMotte Elem  | Gallatin | 0367         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Mary E. Holmes

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **10** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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REIMBURSEMENT RATE  
(For district, county and OPI use only)

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|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>LaMotte Elem | Chair, Board of Trustees | Date |
| High School District                       | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| LaMotte Elem  | Gallatin | 0367         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Michael Allen

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **10.8** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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REIMBURSEMENT RATE  
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|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>LaMotte Elem | Chair, Board of Trustees | Date |
| High School District                       | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| LaMotte Elem  | Gallatin | 0367         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |          |
|------------------------|------------------------------|-----------------------------|----------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no |          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no |          |

Parent or Guardian Name: (Please Print)

Robin & Gaydeana Hickman

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4.5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

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REIMBURSEMENT RATE  
(For district, county and OPI use only)

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Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

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|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>LaMotte Elem | Chair, Board of Trustees | Date |
| High School District                       | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| LaMotte Elem  | Gallatin | 0367         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Shelley Laferr

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **6.6** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>LaMotte Elem | Chair, Board of Trustees | Date |
| High School District                       | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| LaMotte Elem  | Gallatin | 0367         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Shelly Krushensky

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **10** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>LaMotte Elem | Chair, Board of Trustees | Date |
| High School District                       | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Belgrade Elem   | Gallatin | 0368         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

January Lambreth

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Belgrade Elem | Chair, Board of Trustees | Date |
| High School District                        | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Belgrade Elem   | Gallatin | 0368         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Julie Bloomingdale

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.8** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Belgrade Elem | Chair, Board of Trustees | Date |
| High School District                        | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Belgrade Elem   | Gallatin | 0368         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Karen Kamisky

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **6.7** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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REIMBURSEMENT RATE  
(For district, county and OPI use only)

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|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Belgrade Elem | Chair, Board of Trustees | Date |
| High School District                        | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Belgrade Elem   | Gallatin | 0368         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Kelly Denton

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

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(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Belgrade Elem | Chair, Board of Trustees | Date |
| High School District                        | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Belgrade Elem   | Gallatin | 0368         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Lee & Lisa Nelson

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **9** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Belgrade Elem | Chair, Board of Trustees | Date |
| High School District                        | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Belgrade Elem   | Gallatin | 0368         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Shelly Weber

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 4 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Belgrade Elem | Chair, Board of Trustees | Date |
| High School District                        | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Belgrade Elem   | Gallatin | 0368         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Stacey Finck

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **9** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **.2** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Belgrade Elem | Chair, Board of Trustees | Date |
| High School District                        | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Belgrade Elem   | Gallatin | 0368         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Tami Washburn

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **3.5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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REIMBURSEMENT RATE  
(For district, county and OPI use only)

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20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Belgrade Elem | Chair, Board of Trustees | Date |
| High School District                        | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Belgrade Elem   | Gallatin | 0368         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Todd & Jennifer Klompian

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **5** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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REIMBURSEMENT RATE  
(For district, county and OPI use only)

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|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Belgrade Elem | Chair, Board of Trustees | Date |
| High School District                        | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

|   |                 |              |
|---|-----------------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County          | Legal Entity |
| <b>Malmborg Elem</b>  | <b>Gallatin</b> | <b>0370</b>  |
| High School or K-12 District Responsible for Reimbursing the Contract | County          | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

**Kane & Lin Fischer**

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **6** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

**Kindergarten child rides with other school-age students also covered by this contract:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

**Kindergarten child rides without other school-age students:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

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REIMBURSEMENT RATE  
(For district, county and OPI use only)

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20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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|   |                          |      |
|---|--------------------------|------|
| Elementary School District<br>Malmborg Elem | Chair, Board of Trustees | Date |
| High School District                        | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |
| West Yellowstone K-12   | Gallatin | 0374         |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Debra & Dana Griffin

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 5.7

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District                    | Chair, Board of Trustees | Date |
| High School District<br>West Yellowstone K-12 | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |
| West Yellowstone K-12   | Gallatin | 0374         |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Elizabeth & Travis Watt

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 7.5

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District                    | Chair, Board of Trustees | Date |
| High School District<br>West Yellowstone K-12 | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |
| West Yellowstone K-12   | Gallatin | 0374         |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Heather Coffin

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 7

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District                    | Chair, Board of Trustees | Date |
| High School District<br>West Yellowstone K-12 | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |
| West Yellowstone K-12   | Gallatin | 0374         |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Laurie Hurst

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 7.5

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District                    | Chair, Board of Trustees | Date |
| High School District<br>West Yellowstone K-12 | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |
| West Yellowstone K-12   | Gallatin | 0374         |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

Initials  
Elem District Approval ☐ yes ☐ no \_\_\_\_\_  
HS District Approval ☐ yes ☐ no \_\_\_\_\_  
County Approval ☐ yes ☐ no \_\_\_\_\_

Parent or Guardian Name: (Please Print)

Ma. Antonia C. Carrillo

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 7.7

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District                    | Chair, Board of Trustees | Date |
| High School District<br>West Yellowstone K-12 | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |
| West Yellowstone K-12   | Gallatin | 0374         |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

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|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Melissa & Greg Hitzler

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 4.9

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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REIMBURSEMENT RATE  
(For district, county and OPI use only)

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20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District                    | Chair, Board of Trustees | Date |
| High School District<br>West Yellowstone K-12 | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |
| West Yellowstone K-12   | Gallatin | 0374         |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Patti Austin

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 5

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|   |                          |      |
|---|--------------------------|------|
| Elementary School District                    | Chair, Board of Trustees | Date |
| High School District<br>West Yellowstone K-12 | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Ophir Elem  | Gallatin | 0375         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Eric & Valerie Ross

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 11.5 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 0 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>Ophir Elem | Chair, Board of Trustees | Date |
| High School District                     | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Ophir Elem  | Gallatin | 0375         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Sam & Don McAndrew

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 11 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>Ophir Elem | Chair, Board of Trustees | Date |
| High School District                     | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |





Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Ophir Elem  | Gallatin | 0375         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

Sherrill Morris

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary 0 HS 0

Distance from home to nearest bus stop, if any (one way)

Elementary 11 HS 0

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
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- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>Ophir Elem | Chair, Board of Trustees | Date |
| High School District                     | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Ophir Elem  | Gallatin | 0375         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Tawnya Garz-Brewer

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **20** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

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- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>Ophir Elem | Chair, Board of Trustees | Date |
| High School District                     | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Amsterdam Elem  | Gallatin | 0376         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Dean & Carrie Johnson

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **4.2** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>Amsterdam Elem | Chair, Board of Trustees | Date |
| High School District                         | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

|   |          |              |
|---|----------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County   | Legal Entity |
| Amsterdam Elem  | Gallatin | 0376         |
| High School or K-12 District Responsible for Reimbursing the Contract | County   | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |                              |                             |                |
|------------------------|------------------------------|-----------------------------|----------------|
| Elem District Approval | <input type="checkbox"/> yes | <input type="checkbox"/> no | Initials _____ |
| HS District Approval   | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |
| County Approval        | <input type="checkbox"/> yes | <input type="checkbox"/> no | _____          |

Parent or Guardian Name: (Please Print)

Greg & Lauren Meddings

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **8.2** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

Kindergarten child rides with other school-age students also covered by this contract:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

Kindergarten child rides without other school-age students:

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

**PARENTS:** Due to School Clerk June 1.

**CLERKS:** Send original to County Supt by July 1, retain a copy for your files.

**COUNTY SUPERINTENDENTS:** Send original to OPI by July 10, retain a copy for your files.

REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

- The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs.
- In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester.
- The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.
- This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.

|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>Amsterdam Elem | Chair, Board of Trustees | Date |
| High School District                         | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

# INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2005- 2006  
Due to School Clerk June 1

Contract #

|   |                 |              |
|---|-----------------|--------------|
| Elementary District Responsible for Reimbursing the Contract          | County          | Legal Entity |
| <b>Amsterdam Elem</b>   | <b>Gallatin</b> | <b>0376</b>  |
| High School or K-12 District Responsible for Reimbursing the Contract | County          | Legal Entity |

Is this contract shared between elementary and high school?

☐ yes ☐ no

Are you applying for isolation status? ☐ Yes ☐ No

(If yes, please attach explanation)

**ISOLATION:** Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)

Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.

|                        |  |          |
|------------------------|--|----------|
|                        |  | Initials |
| Elem District Approval | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| HS District Approval   | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |
| County Approval        | <input type="checkbox"/> yes <input type="checkbox"/> no | _____    |

Parent or Guardian Name: (Please Print)

**Kristiu Stoilov**

Physical Address (street address only):

Distance from home to nearest school (one way)

Elementary **10.2** HS **0**

Distance from home to nearest bus stop, if any (one way)

Elementary **0** HS **0**

☐ Contract is for one-way only

Students in Each Grade Level - Only include the students to be covered by this contract.

|                     | Pre-K<br>Total | K<br>Total | 1-8<br>Total | 9-12<br>Total |
|---------------------|----------------|------------|--------------|---------------|
| Regular Trans       |                |            |              |               |
| Spec. Ed. Trans     |                |            |              |               |
| Room & Board        |                |            |              |               |
| Correspondence      |                |            |              |               |
| Reg.<br>Contingency |                |            |              |               |
| Spec. Ed. Contin.   |                |            |              |               |

Student Name School Grade

Student Name School Grade

Student Name School Grade

Student Name School Grade

## THIS CONTRACT IS FOR:

Grades 1-12

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

Pre-kindergarten/Kindergarten

☐ 1st Semester Only ☐ 2nd Semester Only ☐ Both Semesters

## KINDERGARTEN/PREKINDERGARTEN:

**Kindergarten child rides with other school-age students also covered by this contract:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

**Kindergarten child rides without other school-age students:**

To or from Bus Stop \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

To or from School \_\_\_\_\_ times per day, \_\_\_\_\_ days per week

## Deadlines:

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REIMBURSEMENT RATE  
(For district, county and OPI use only)

Reimbursement rate is determined by  
20-10-142, MCA.

Agreement between parent (parent name) \_\_\_\_\_, and school district (district name) \_\_\_\_\_.

(county name) \_\_\_\_\_ County, hereinafter referred to as the District(s).

The parties agree as follows:

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|  |                          |      |
|--|--------------------------|------|
| Elementary School District<br>Amsterdam Elem | Chair, Board of Trustees | Date |
| High School District                         | Chair, Board of Trustees | Date |

I attest that the above information is true and correct.

|                                |              |
|--------------------------------|--------------|
| Signature - Parent or Guardian | Date         |
| Address, City, Zip Code        | Phone Number |